PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

不是一个人,我们就是一个人的人,我们也不会会会的一个人的人,也不是一个人的人,也不是一个人的人,也不是一个人的人的人,也不是一个人的人的人,也不是一个人,也是一个人

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed otl	ng the Patent, advance of herwise in Block 1, by (a	rders and notification of a) specifying a new con	f maintenance fees verspondence address	will be mailed to the current; and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
28410	7590 09/04	1/2008		-	emiceion		
BERENATO, WHITE & STAVISH, LLC 6550 ROCK SPRING DRIVE SUITE 240				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
BETHESDA, M	ID 20817					(Depositor's name)	
			L	· · · · · · · · · · · · · · · · · · ·		(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/551,097	10/551,097 09/27/2006		Tommaso Di Giacom	>	4235,437	1711	
TITLE OF INVENTION	i: TWO-ARM BELT TE	ENSIONER			·		
	T	T	1	<u> </u>			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU				
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/04/2008	
EXAM		ART UNIT	CLASS-SUBCLASS				
	TEPHEN M	4165	474-134000	·	·		
CFR 1.363).	ence address or indicatio		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1				
Change of corresp Address form PTO/S	oondence address (or Cha B/122) attached.	inge of Correspondence	or agents OR, alternatively,				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
		A TO BE PRINTED ON					
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing a	patent. If an assign in assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSI			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
DAYCO EUROPE S.r.l. CHIETI, ITAEY							
BAYERISCHE MOTOREN WERKE AKTIENGESELLSCHAFT MUNCHEN, GERMANY Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
Please check the appropr	riate assignee category of	categories (will not be pi	inted on the patent):		orporation or other private gi	roup entity Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Plea					ny previously paid issue fee	e shown above)	
Issue Fee	No emall entity discount t	nermitted)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies3			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
5. Change in Entity Sta	tus (from status indicate	d above)	overpayment, to be	posit Account Numb	50 0548 (enclose)	an extra copy of this form).	
	ns SMALL ENTITY state	•	☐ b. Applicant is no l	onger claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other tha Office.	n the applicant; a reg	istered attorney or agent; or t	the assignee or other party in	
Authorized Signature	MI-1	Sal	-	Date	18/2008		
Typed or printed nam	^{ne} Matthew	Stavish		Registration 1	No. 36,286		
Alexandria, virginia 223	nation is required by 37 Catality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DO 313-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR			the public which is to file (ar minutes to complete, includi omments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB control		